

**CLAIMS ONLY**

Application Number

Filing Date

10/710551

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep						
Total Depend			3			
Total Claims			4			

\* May be used for additional claims or amendments

Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
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100					
Total Indep					
Total Depend					
Total Claims					